

Brief Summary of Changes to Applications for Renewal of Waiver 0394 and 0396
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1. The State described how public input was secured for the renewal of the waiver. This is in the Main module, 6-I. The draft renewal application is posted on the DHHS public website at <http://dhhs.ne.gov/Pages/hcs.aspx>.
2. The state describes in Main Module Attachment #2, the Home and Community-Based settings Waiver Transition Plan and updated the state's progress to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c) (4)-(5), and associated CMS guidance. The Comprehensive Transition Plan is posted on the DHHS public website at <http://dhhs.ne.gov/Pages/hcs.aspx>.
3. Some waiver service definitions were modified in the DDAC waiver #0396 to align with the HCB settings requirements and CMS guidance. The following service definitions were revised to align with the HCB settings requirements and CMS guidance: Day Habilitation, Group home residential, Integrated Community Employment, Companion Home Residential, Extended Family Home residential, In-home residential, Vocational Planning, Integrated Community Employment, and Workstation. The revised service definitions are in Appendix C Participant Services.
4. Some waiver service definitions were modified in the DDAD waiver #0394 to align with the HCB settings requirements and CMS guidance. The following service definitions were revised to align with the HCB settings requirements and CMS guidance: Day Habilitation, Integrated Community Employment, and Vocational Planning. The revised service definitions are in Appendix C Participant Services.
5. The following waiver service definitions were modified to align with current practices and DDD guidance: Community Living and Day Supports, Companion Home, Respite, and Retirement services. The revised service definitions are in Appendix C Participant Services.
6. A new service definition has been added, Supported Integrated Employment, which allows for long-term on-site provider support for individuals that need long-term on-site provider support in order to maintain their competitive employment. The new service definition is in Appendix C Participant Services.
7. Modifications were made to Appendix I-2: Financial Accountability. The state described the integration of Therap as the Division's electronic budget authorization and claims system. Appendix I-2 describes the flow of billings for waiver services and the process for validating provider billings to produce the claim for federal financial participation, including the mechanism(s) to assure that all claims for payment are made only when the individual was eligible for Medicaid waiver payment on the date of service; when the service was included in the participant's approved service plan; and the services were provided.
8. Modifications were made to the State performance measures in each Appendix to align with CMS recommendations, continuous quality improvement practices, and updated data sources.